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Apology—The Power of "I'm Sorry"

Honest and sincere communication helps to mitigate damage.

BY NEIL BAUM, MD

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Most fairy tales begin with "once upon a time." There's another fairy tale in the healthcare profession that once upon a time the initials "DPM" after your name indicated status, trust, and perfection. Most doctors realize that elevated status and abundance of knowledge, infallibility, and blind trust by our patients in their physicians are long gone and are the stuff of fairy tales.

The Internet has leveled the playing field of knowledge between patients and physicians. Also, the media has highlighted the errors and mistakes and have hung out our dirty laundry for all to see. Then there is the Institute of Medicine's study in 1999, which chronicled nearly 100,000 deaths because of medical errors. (Kohn LT, Corrigan JM, Donaldson MS, eds, for the Committee on Quality of Health Care in America, Institute of Medicine. *To Err Is Human: Building a Safer Health System.* Washington, DC: National Academy Press; 1999). Certainly, we can't overlook the legal profession that is constantly at our heels threatening to litigate against us when the outcome is less than perfect.

What can we do? We can continue to assume a policy of deny and defend the situation when there is an undesirable outcome. Or perhaps, we can adopt a policy that is more human and natural, i.e., an apology.

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We must be brutally honest and we must recognize that we are not perfect nor are all of our diagnoses, treatments, and recommendations. Perhaps, an apology will do a great deal to assuage a patient having the knee-jerk reaction of considering litigation when things don't always go

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as planned. This article will cover the benefits of offering an apology when things go awry and the techniques for offering an apology without admitting guilt.

"I'm sorry" is a commonly-used phrase in almost any language. Most of us don't think twice about offering an apology when we unintentionally bump into a stranger on the sidewalk. However, when we have made a mistake—and nearly every one of us has during our career—the words seem to get stuck in our throats and just won't come out easily.

Why the difficulty? We begin learning detachment the moment we begin our medical training. This is compounded by the fact that with declining reimbursements and increasing overhead costs, we need to see more patients in less time, and we are often wary of engaging with our patients in honest, open dialogue. In addition, our malpractice insurers tell us that an apology might be interpreted as an admission of fault or negligence that could expose us to litigation. There are even some insurers who will void our malpractice policy if a doctor apologizes to a patient in the wake of a complication or error.

Why do patients sue their physicians? Numerous studies show that there is an inverse relationship between being sued and communications skills or that the likelihood of being sued is significantly decreased as communication skills are increased. Those with the best communication skills ask the patients more questions, encourage patients to talk about their feelings, use humor when appropriate, and educate patients about what to expect during their treatment. Those with enhanced communication skills spend a few more minutes with their patients, about three minutes per visit, than those physicians who have been sued. Another fact that is worth noting is that the likelihood of a lawsuit decreases by 50% when an apology is offered, and the details of the error are disclosed in a timely fashion. (Woods MS, Star JI. *Healing Words: The Power of Apology in Medicine.* Santa Fe, N.M.: Doctors in Touch; 2004.)

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How can we effectively apologize without admitting guilt or wrongdoing?

An authentic apology is one that is heart-felt and driven by true regret or remorse. There are five reasons to apologize:

1) Shows the patient you respect them

2) Shows you are taking responsibility for the situation

3) Demonstrates you care about the way the patient feels

4) Demonstrates your empathy

5) Results in dissipating anger, and disarms the individual

Patients want to know what happened and why it happened, how the problem or error will affect their health in the short and long term, what is being done to correct the problem, who will be responsible for the cost of the error or complication, and finally, what has been learned and what the doctor is doing to avoid this from happening again.

Planning Your Apology

A poorly planned apology can be as bad as or worse than no apology at all. Begin by admitting to yourself what has happened to the patient. Next, think about the ramifications of your actions or inactions leading to or causing the problem. Certainly, look at the situation form the patient's point of view and try to understand his\her feelings. This is easy to do if you trade places with the patient and imagine how you would feel if you were in their situation. Finally, plan and prepare your apology. This may even mean writing out what you intend to say, how you want to say it, and when you should say it.

There are four "R's" of an authentic apology. (Woods, M. S. (2004). *Healing Words: The Power of Apology in Medicine.* Doctors in Touch.)

First is recognition. We must be able to read our own feelings as well as the feelings of the patient and their families. If you feel regret or remorse, it is a good indicator that an apology is in order. If the patient is interacting with you differently or is reluctant to talk, it may be an indicator that there are unmet expectations, or you are not meeting their needs adequately.

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Next is an expression of regret. By expressing regret, you are demonstrating an empathetic response that lets the patient know you understand their situation and that you feel badly about it. Verbiage such as "I am so sorry. I know this outcome is not what you expected. It is not what I expected either," does not admit your guilt but does allow the healing of the relationship to begin.

Third is responsibility and an honest and forthright explanation of

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what happened, why it happened, how it will affect short- and long-term health status, and what steps are being done to protect others from the same untoward result. It is our responsibility to provide all this information.

Finally, there is the remedy or what is being done to correct the problem that the patient is experiencing. Included in the remedy is the issue of cost and who will bear the cost of remedying the problem.

Here's an apology story that perhaps Patton might have used. An obsessive-compulsive patient always requested a 9:00 A.M. and was seen at the designated time of his appointment for more than twenty years. His last appointment was delayed because of an emergency that arrived prior to 9:00. The man was asking the receptionist when he was going to be seen and was told that there was an emergency appointment that came in earlier and that the OCD patient was going to be seen a few minutes after 9:00. The patient left the office making a scene in the reception area and asked for a copy of his medical records. How would you manage that scenario?

I suggested that we put the single negative experience behind us and look forward to a congenial doctor-patient relationship in the future.

I felt that the patient was unreasonable, but trying to convince him of his insensitive behavior was not going to be effective. I didn't want to deal with the problem over the phone and I contacted the patient later the same day and calmly asked for a face-to-face meeting with the patient and told him that I would be available at his convenience. He agreed to come to the office in a few days. It has been my experience that it is best to allow a little time, i.e., a day or two, to take place between the untoward event and the face-to-face discussion.

I met with the patient in my private office. I had two chairs on the same side of my desk so that there were no barriers like a desk or computer between us. I told my staff that I was not to be interrupted and I turned off my cell phone to provide him with my undivided attention. (This was not a time for multitasking!)

My discussion went something like this: "Mr. Patient, I have provided medical care for you for more than 30 years. I have seen you more than fifty times during that period. Is that a reasonable estimate? (I am trying to obtain "yes" responses from the patient and avoid putting him on the defensive.) In the past thirty years I have made every effort to see you in a timely fashion. Would you agree that I and my staff have been able to do this? (Again "fishing" for positive responses.)

That being said, "Mr. Patient, if you put me on a balance scale and measure all the positive experiences that you have had with me and my practice and the 49 times I was able to see you at the time you wanted and the single negative experience where I wasn't able to meet your expectations, would you agree that the scale balances in favor of my meeting your expectations far and away most of the time?" (At this juncture of the conversation I hold up hands showing the disparity on the scale, hopefully giving the patient a visual of my message)

In this situation the patient agreed with me. I suggested that we put the single negative experience behind us and look forward to a congenial doctor-patient relationship in the future. He agreed, and we lived "happily ever after"!

Bottom Line

Perhaps when we are comfortable with the words "I'm sorry" and can say them easily and with sincerity, we can expect better healthcare, increased job satisfaction, and lower malpractice premiums. **PM**

Dr. Baum is a physician in New Orleans, Louisiana and the author of *The Basics of Building and Managing a Healthcare Practice*, Springer 2019